2004 FOR PROFIT CORPORATION ANNUAL REPORT

May 03, 2004 8:00 am Secretary of State **DOCUMENT # P98000012793** 05-03-2004 90405 023 ***150.00 1. Entity Name CHAD F BROADLEY MURALS, INC. Principal Place of Business Mailing Address 94078428 C/O BASS AND SANDFORT ACCOUNTANTS 127 EAST ZARAGOZA 1301 WEST GARDEN STREET SUITE 206 PENSACOLA, FL 32501-4504 PENSACOLA, FL 32501 2. Principal Place of Business 3. Mailing Address 1301 W GARDEN ST Suite, Apt. #, etc. Suite, Apt. #, etc. 04202004 CR2E034 (10/03) Cha-P Applied For 4. FEI Number City & State City & State FL AS US O COLA 59-3495719 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BASS & SANDFORT ACCOUNTANTS, INC. Street Address (P.O. Box Number is Not Acceptable) 1301 WEST GARDEN STREET PENSACOLA, FL 32501-4504 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 П , Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. **X** Change Addition ☐ Delete TITLE TITLE BROADLEY, CHAD F NAME NAME 1301 W. GARDENST STREET ADDRESS 127 EAST ZARAGOZA, SUITE 206 STREET ADDRESS PENSALOLA FL 32501 CITY-ST-ZIP CITY-ST-ZIP PENSACOLA, FL 32501 ☐ Change ☐ Addition Delete TITI F TITLE ZIMMERMAN, NATHALIE D NAME NAME BOI W GARDENST 127 EAST ZARAGOZA, SUITE 206 STREET ADDRESS STREET ADDRESS FL 32501 CITY-ST-ZIP PENSACOLA CITY-ST-ZIP PENSACOLA, FL 32501 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. **SIGNATURE:** Daytime Phone # QNATURE AND TYPED OF PRINTED NAME OF

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